

CRIMINAL RECORD SUPPLEMENTAL QUESTIONNAIRE

(CREATED 6/2010)

Not all Examinations require this Criminal Record Supplemental Questionnaire. Please review the Examination Bulletin to determine if the questionnaire is required before completing.

PRINT OR TYPE – PLEASE SEE INSTRUCTIONS ON THE NEXT PAGE

Applicant Identification Number (Easy ID)

FIRST 3 LETTERS OF
LAST NAME AT BIRTH

MONTH OF BIRTH

DAY OF BIRTH

LAST 4 DIGITS OF SOCIAL
SECURITY NUMBER

Applicants Name (last)

(First)

(M.I.)

Easy ID

Mailing Address (Number)

(Street)

E-mail Address

Work Telephone Number

(City)

(County)

(State)

(Zip Code)

Home Telephone Number

Exam Title(s) for which you are applying:**Recruitment Number:****Answer the following Questions:**

1. Have you ever been convicted by any court of a misdemeanor crime of domestic violence? ☐ YES ☐ NO
2. Have you ever been convicted by any court of a felony? ☐ YES ☐ NO

Explanations**CERTIFICATION – IMPORTANT – PLEASE READ BEFORE SIGNING – if not signed, your application may be rejected.**

I certify under penalty of perjury that the information I have entitled on this application is true and complete to the best of my knowledge. I further understand that any false, incomplete, or incorrect statements may result in my disqualification from the examination process or dismissal from employment with the State of California. I authorize all agencies to release any information they may have concerning the information provided on this supplemental application to the State of California.

Applicant's Signature

Date Signed